

**MULTIPLE DEPEND. CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/018993

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	11		11			
TOTAL CLAIMS	12		12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS